



DRIVER AND VEHICLE SERVICES BUREAU
PO BOX 43, JEFFERSON CITY, MO 65105
COMPLAINT

FORM
4683
(REV. 4-04)

PLEASE TYPE OR PRINT

INFORMATION ON COMPLAINANT

YOUR NAME

YOUR ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

()

MAY WE CONTACT YOU AT WORK?

☐ YES

☐ NO

WORK TELEPHONE

()

FAX

()

INFORMATION ABOUT THE VEHICLE (IF APPLICABLE)

VEHICLE YEAR

MAKE

MODEL

VEHICLE IDENTIFICATION NUMBER (On most vehicles, the vehicle identification number is on a small plate on the dashboard on the driver's side.)

DATE OF PURCHASE

MILEAGE

AMOUNT

COMPLAINT AGAINST

NAME OF PERSON/BUSINESS

ADDRESS

CITY

STATE

ZIP CODE

HAVE YOU CONTACTED THE OWNER/MANAGER ABOUT THE PROBLEM? IF SO, WHAT WAS THE OUTCOME?

NATURE OF COMPLAINT (DESCRIBE IN DETAIL. USE REVERSE SIDE IF NECESSARY.)

WHAT FORM OF RELIEF ARE YOU SEEKING?

ANY OTHER AGENCIES CONTACTED:

OTHER INFORMATION

HAVE YOU CONTACTED AN ATTORNEY OR FILED A LAWSUIT?

☐ YES

☐ NO

IMPORTANT: Enclose **COPIES** of all documents relevant to your complaint including but not limited to advertising material, titles, contracts, warranties, receipts, cancelled checks, etc.

I hereby attest that the statements made in this complaint are true and accurate to the best of my knowledge.

SIGNATURE

DATE

[illegible]